

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION | <i>m.c.</i> | | 11/2/00 |
| O.I.P.E. CLASSIFIER | | 49 | 11/7/00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | 67863 | 11-11-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|----------|
| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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